## © 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

**B1** (Official Form 1) (04/13)

| United States Bankruptcy Court Eastern District of New York  |               |                                    |                                     |  | Vol   | untary Petition |                                      |                       |  |  |
|--|---------------|------------------------------------|-------------------------------------|--|---|-----------------|--------------------------------------|-----------------------|--|--|
| Name of Debtor (if individual, enter Last, First, Middle): Fisher, Robert S Sr.  |               |                                    |                                     | Name of Jo   | Name of Joint Debtor (Spouse) (Last, First, Middle):  |                 |                                      |                       |  |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |               |                                    |                                     | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |   |                 |                                      |                       |  |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer (if more than one, state all): <b>1646</b>  | I.D. (ITIN)   | /Com <sub>j</sub>                  | olete EIN                           | Last four d  | -   |                 |                                      | axpayer I.            | D. (ITIN) /Complete EIN                                  |  |
| Street Address of Debtor (No. & Street, City, State of 275 Westwood Avenue Apt. 4B   | k Zip Code)   | ):                                 |                                     | Street Add   | ress of Jo  | oint Deb        | tor (No. & Stree                     | t, City, St           | ate & Zip Code):   |  |
| Staten Island, NY  | ZIPCODE       | E 103                              | 14                                  |  |   |                 |                                      | Γ                     | ZIPCODE  |  |
| County of Residence or of the Principal Place of Bur<br>Richmond   | iness:        |                                    |                                     | County of  | Residence   | e or of the     | he Principal Pla                     | ce of Busi            | ness:  |  |
| Mailing Address of Debtor (if different from street a  | ddress)       |                                    |                                     | Mailing A  | ddress of   | Joint De        | ebtor (if differen                   | t from stre           | eet address):  |  |
|  | ZIPCODE       | E                                  |                                     |  |   |                 |                                      |                       | ZIPCODE  |  |
| Location of Principal Assets of Business Debtor (if  | lifferent fro | m stre                             | et addres                           | s above):  |   |                 |                                      | ·                     |  |  |
|  |               |                                    |                                     |  |   |                 |                                      |                       | ZIPCODE  |  |
| <b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)   |               |                                    | (Check                              | of Business<br>one box.)   |   |                 | the Petitio                          | n is Filed            | Code Under Which (Check one box.)                        |  |
| ✓ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.   | Sing U.S.     | gle As<br>.C. § 1                  | re Busine<br>set Real E<br>101(51B) |  | e as defined in 11 Chapter 7 Chapter 15 Petition for Recognition of a Foreign Main Proceeding                                   |                 |                                      |                       |  |  |
| Corporation (includes LLC and LLP)  Partnership  | Rail          | road<br>ekbrok                     | er                                  |  | ☐ Chapter 12 ☐ Chapter 15 Petition for ☐ Chapter 13 Recognition of a Foreign  |                 |                                      |                       |  |  |
| Other (If debtor is not one of the above entities,   |               |                                    | ty Broker                           |  |   | l               | •                                    | Nor                   | nmain Proceeding   |  |
| check this box and state type of entity below.)  | Othe          | aring I<br>er                      | Bank                                |  |   |                 |                                      | Nature of<br>Check on |  |  |
| Chapter 15 Debtor Country of debtor's center of main interests:  |               |                                    |                                     |  |   |                 | ebts are primaril                    | y consume             | er Debts are primarily                                   |  |
|  | _             | Tax-Exempt E<br>(Check box, if app |                                     |  |   |                 | ots, defined in 1<br>01(8) as "incur |                       | business debts.  |  |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending:  | Title         | otor is<br>e 26 of                 | a tax-exei                          | npt organization ed States Code (t   | organization under individual primarily for a personal, family, or house-   |                 |                                      |                       |  |  |
| Filing Fee (Check one box)   |               |                                    |                                     |  |   |                 | pter 11 Debtors                      | }                     |  |  |
| ✓ Full Filing Fee attached   |               |                                    | Check o                             |  |   |                 |                                      |                       |  |  |
| Filing Fee to be paid in installments (Applicable t  | o individual  | le.                                |                                     |  | s a small business debtor as defined in 11 U.S.C. § 101(51D). s not a small business debtor as defined in 11 U.S.C. § 101(51D). |                 |                                      |                       |  |  |
| only). Must attach signed application for the cour   | i's           | 15                                 | Check if                            | <b>:</b>   |   |                 |                                      |                       |  |  |
| consideration certifying that the debtor is unable texcept in installments. Rule 1006(b). See Official   |               |                                    |                                     | r's aggregate nonce<br>2,490,925 (amount   |   |                 |                                      |                       | to insiders or affiliates) are less e years thereafter). |  |
| Filing Fee waiver requested (Applicable to chapte  |               | als                                |                                     | ll applicable box  |   |                 |                                      |                       |  |  |
| only). Must attach signed application for the cour consideration. See Official Form 3B.  | 's            |                                    | Acce                                | n is being filed w<br>ptances of the pla<br>dance with 11 U.   | in were so  | olicited p      | prepetition from                     | one or mo             | ore classes of creditors, in                             |  |
| Statistical/Administrative Information   |               |                                    |                                     |  |   |                 |                                      |                       | THIS SPACE IS FOR  |  |
| Debtor estimates that funds will be available for distribution to unsecured creditors.  Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  COURT USE ONLY |               |                                    |                                     |  |   | COURT USE ONLY  |                                      |                       |  |  |
| Estimated Number of Creditors  |               | _                                  |                                     |  | _   |                 | Н                                    | _                     |  |  |
| 1-49 50-99 100-199 200-999 1,000- 5,001-   |               | _                                  | 10,001-                             | <del></del>  |   | ∐<br>50,001-    | Over                                 |                       |  |  |
|  |               | 25,000                             | 50,000                              |  | 100,000   | 100,000         |                                      |                       |  |  |
| Estimated Assets   |               | П                                  |                                     | П  | П   |                 |                                      | П                     |  |  |
| \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,  | 000,001 to    | so \$10,000,001 \$50               |                                     | \$50,000,001 to  | \$100,00  |                 | \$500,000,001                        |                       |  |  |
|  | million       | to \$5                             | ) million                           | \$100 million  | to \$500  | million         | to \$1 billion                       | \$1 billion           | 1  |  |
| Estimated Liabilities  |               |                                    |                                     |  |   |                 |                                      |                       |  |  |
| \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,<br>\$50,000 \$100,000 \$500,000 \$1 million \$10   |               |                                    |                                     | \$50,000,001 to  |   |                 | \$500,000,001                        | More tha              |  |  |

| B1 (Official Form 1) (04/13)   |  | Page 2  |
|--|--|---|
| Voluntary Petition (This page must be completed and filed in every case)   | Name of Debtor(s): Fisher, Robert S Sr.  |   |
| All Prior Bankruptcy Case Filed Within Las   | st 8 Years (If more than two, attac  | ch additional sheet)  |
| Location<br>Where Filed: <b>None</b>   | Case Number:   | Date Filed:   |
| Location<br>Where Filed:   | Case Number:   | Date Filed:   |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor (If mo  | re than one, attach additional sheet)   |
| Name of Debtor: None   | Case Number:   | Date Filed:   |
| District:  | Relationship:  | Judge:  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition. | (To be completed whose debts are pr I, the attorney for the petitioner r that I have informed the petition chapter 7, 11, 12, or 13 of tit explained the relief available un | xhibit B  if debtor is an individual rimarily consumer debts.)  named in the foregoing petition, declare ner that [he or she] may proceed under the 11, United States Code, and have need the each such chapter. I further certify notice required by 11 U.S.C. § 342(b). |
|  | X /s/ Kevin B. Zazzera Signature of Attorney for Debtor(s)   | 3/19/15<br>Date   |
| Yes, and Exhibit C is attached and made a part of this petition.  No  Exh  (To be completed by every individual debtor. If a joint petition is filed, e  Exhibit D completed and signed by the debtor is attached and material in the petition.)   | -  | ch a separate Exhibit D.)   |
| Exhibit D also completed and signed by the joint debtor is attach  | ned a made a part of this petition.  |   |
|  | 00 days than in any other District.  partner, or partnership pending in tolace of business or principal assets but is a defendant in an action or pro-                       | this District. in the United States in this District, occeding [in a federal or state court]  |
| Certification by a Debtor Who Resid  (Check all apple Landlord has a judgment against the debtor for possession of del   | plicable boxes.)   | -   |
| (Name of landlord th   | nat obtained judgment)   |   |
| (Address   | of landlord)   |   |
| Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos  | ssession, after the judgment for pos-  | ssession was entered, and   |
| ☐ Debtor has included in this petition the deposit with the court of filing of the petition. ☐ Debtor certifies that he/she has served the Landlord with this certifies.   |  | aring the 30-day period after the   |

| B1 (Official Form 1) (04/13)  | Page 3   |  |  |  |
|---|--|--|--|--|
| Voluntary Petition  | Name of Debtor(s):   |  |  |  |
| (This page must be completed and filed in every case)   | Fisher, Robert S Sr.   |  |  |  |
| Signa   | atures   |  |  |  |
| Signature(s) of Debtor(s) (Individual/Joint)  | Signature of a Foreign Representative  |  |  |  |
| I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X /s/ Robert S Fisher, Sr.  Signature of Debtor  Robert S Fisher, Sr.  Signature of Joint Debtor  Telephone Number (If not represented by attorney)  March 19, 2015  Date | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  X  Signature of Foreign Representative  Printed Name of Foreign Representative                                  |  |  |  |
| Signature of Attorney*  | Signature of Non-Attorney Petition Preparer  |  |  |  |
| X /s/Kevin B. Zazzera Signature of Attorney for Debtor(s)  Kevin B. Zazzera 2689437 Kevin B. Zazzera 182 Rose Avenue Staten Island, NY 10306  kzazz007@yahoo.com  | I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  Printed Name and title, if any, of Bankruptcy Petition Preparer |  |  |  |
| March 19, 2015  Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the  | Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  Address  |  |  |  |
| information in the schedules is incorrect.  |  |  |  |  |
| Signature of Debtor (Corporation/Partnership)  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11,  | Signature  Date  Signature of Bankruptcy Petition Preparer or officer, principal, responsible  |  |  |  |
| United States Code, specified in this petition.  X Signature of Authorized Individual   | person, or partner whose social security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:   |  |  |  |
| Printed Name of Authorized Individual   | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  |  |  |  |
| Title of Authorized Individual  | A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.   |  |  |  |
| Date  |  |  |  |  |

B1D (Official Form 1, Exhibit D) (12/09)

#### United States Bankruptcy Court Eastern District of New York

| Eastern Distri  | ict of New Tork   |
|---|---|
| IN RE:  | Case No   |
| Fisher, Robert S Sr.  | Chapter 7   |
|   | R'S STATEMENT OF COMPLIANCE<br>ING REQUIREMENT  |
| do so, you are not eligible to file a bankruptcy case, and the cou<br>whatever filing fee you paid, and your creditors will be able to  | statements regarding credit counseling listed below. If you cannot art can dismiss any case you do file. If that happens, you will lose resume collection activities against you. If your case is dismissed ed to pay a second filing fee and you may have to take extra steps  |
| Every individual debtor must file this Exhibit D. If a joint petition is one of the five statements below and attach any documents as directly  | filed, each spouse must complete and file a separate Exhibit D. Check<br>cted.  |
| the United States trustee or bankruptcy administrator that outlined   | se, I received a briefing from a credit counseling agency approved by the opportunities for available credit counseling and assisted me in the agency describing the services provided to me. Attach a copy of the agency.  |
| the United States trustee or bankruptcy administrator that outlined performing a related budget analysis, but I do not have a certificate   | se, I received a briefing from a credit counseling agency approved by the opportunities for available credit counseling and assisted me in from the agency describing the services provided to me. You must file ided to you and a copy of any debt repayment plan developed through d.   |
|   | proved agency but was unable to obtain the services during the seven at circumstances merit a temporary waiver of the credit counseling agent circumstances here.]  |
| you file your bankruptcy petition and promptly file a certificate of any debt management plan developed through the agency. Facase. Any extension of the 30-day deadline can be granted only also be dismissed if the court is not satisfied with your reasons counseling briefing. | obtain the credit counseling briefing within the first 30 days after from the agency that provided the counseling, together with a copy ailure to fulfill these requirements may result in dismissal of your for cause and is limited to a maximum of 15 days. Your case may s for filing your bankruptcy case without first receiving a credit ase of: [Check the applicable statement.] [Must be accompanied by a |
| motion for determination by the court.]   | by reason of mental illness or mental deficiency so as to be incapable  |
| •   | y impaired to the extent of being unable, after reasonable effort, to   |
| 5. The United States trustee or bankruptcy administrator has det does not apply in this district.   | ermined that the credit counseling requirement of 11 U.S.C. § 109(h)  |
| I certify under penalty of perjury that the information provide   | ed above is true and correct.   |
| Signature of Debtor: /s/ Robert S Fisher, Sr.   |   |

Date: March 19, 2015

B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Eastern District of New York**

| IN RE:               |           | Case No.  |
|----------------------|-----------|-----------|
| Fisher, Robert S Sr. |           | Chapter 7 |
|                      | Debtor(s) | •         |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS       | LIABILITIES  | OTHER       |
|--|----------------------|------------------|--------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                | \$ 0.00      |              |             |
| B - Personal Property  | Yes                  | 3                | \$ 11,420.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                |              |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |              | \$ 0.00      |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                |              | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 3                |              | \$ 63,712.44 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                |              |              |             |
| H - Codebtors  | Yes                  | 1                |              |              |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 3                |              |              | \$ 4,407.50 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 4                |              |              | \$ 4,419.75 |
|  | TOTAL                | 19               | \$ 11,420.00 | \$ 63,712.44 |             |

B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Eastern District of New York**

| IN RE:               |           | Case No   |
|----------------------|-----------|-----------|
| Fisher, Robert S Sr. |           | Chapter 7 |
|                      | Debtor(s) | •         |

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

#### State the following:

| Average Income (from Schedule I, Line 12)   | \$<br>4,407.50 |
|---|----------------|
| Average Expenses (from Schedule J, Line 22)   | \$<br>4,419.75 |
| Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 |                |
| Line 14)  | \$<br>6,085.60 |

#### **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>0.00      |
|--|---------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00      |
| 4. Total from Schedule F   |         | \$<br>63,712.44 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>63,712.44 |

B6A (Official Form 6A) (12/07)

@ 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| IN RE Fisher, Robert S Sr. | Case No    |
|----------------------------|------------|
| Debtor(s)                  | (If known) |

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| None                                 |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |

0.00 (Report also on Summary of Schedules)

**TOTAL** 

B6B (Official Form 6B) (12/07)

| IN RE Fisher, Robert S Sr. | Case N | 0          |
|----------------------------|--------|------------|
| Debtor(                    | s)     | (If known) |

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | cash                                 |                                       | 50.00  |
| 2.  | Checking, savings or other financial  |                  | Chase checking                       |                                       | 170.00   |
|     | accounts, certificates of deposit or<br>shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives.  |                  | Chase Savings                        | J                                     | 5,000.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | Х                |                                      |                                       |  |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | furniture                            | J                                     | 1,000.00   |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.   | Х                |                                      |                                       |  |
| 6.  | Wearing apparel.  |                  | clothes                              | J                                     | 200.00   |
| 7.  | Furs and jewelry.   | X                |                                      |                                       |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | Х                |                                      |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | Х                |                                      |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | X                |                                      |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | 401K city                            |                                       | 5,000.00   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | Х                |                                      |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | Х                |                                      |                                       |  |
|     |   |                  |                                      |                                       |  |

B6B (Official Form 6B) (12/07) - Cont.

| IN | $\mathbf{R}\mathbf{F}$ | Fisher. | Robert | S Sr |
|----|------------------------|---------|--------|------|
|    |                        |         |        |      |

| Case No. |            |
|----------|------------|
|          | (If known) |

Debtor(s)

### SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |                                      |                                       |  |
| 16. | Accounts receivable.  | X                |                                      |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |                                      |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |                                      |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |                                       |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |                                       |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | X                |                                      |                                       |  |
| 26. | Boats, motors, and accessories.   | X                |                                      |                                       |  |
|     | Aircraft and accessories.   | X                |                                      |                                       |  |
|     | Office equipment, furnishings, and supplies.  | X                |                                      |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |                                       |  |
| 30. | Inventory.  | Х                |                                      |                                       |  |
| 31. | Animals.  | Х                |                                      |                                       |  |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |                                       |  |
| 33. | Farming equipment and implements.   | X                |                                      |                                       |  |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |                                       |  |
|     |   |                  |                                      |                                       |  |

B6B (Official Form 6B) (12/07) - Cont.

| IN RE Fisher, Robert S Sr. |           | Case No. |            |
|----------------------------|-----------|----------|------------|
|                            | Debtor(s) |          | (If known) |

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|  |                  |                                      | ГАТ                                   | 11 /20 00  |
|--|------------------|--------------------------------------|---------------------------------------|--|
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      |                                       |  |
| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|  |                  |                                      |                                       |  |

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| Include amounts from | any con | tinuation | sheets  | attached. |
|----------------------|---------|-----------|---------|-----------|
| Report total         | also on | Summar    | v of Sc | hedules.) |

| Case 1-15-41140-cec | Doc 1 | Filed 03/19/15 | Entered 03/19/15 08:24:01 |
|---------------------|-------|----------------|---------------------------|
|                     |       |                |                           |

B6C (Official Form 6C) (04/13)

| IN RE Fisher, Robert S Sr. |           | Case No. |            |
|----------------------------|-----------|----------|------------|
|                            | Debtor(s) |          | (If known) |

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

Check if debtor claims a homestead exemption that exceeds \$155,675. \*

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY       | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE<br>OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTIONS |
|-------------------------------|--------------------------------------|-------------------------------|---|
| CHEDULE B - PERSONAL PROPERTY |                                      |                               |   |
| ash                           | 11 USC § 522(d)(5)                   | 50.00                         | 50.0  |
| hase checking                 | 11 USC § 522(d)(5)                   | 170.00                        | 170.0   |
| hase Savings                  | 11 USC § 522(d)(5)                   | 5,000.00                      | 5,000.0   |
| rniture                       | 11 USC § 522(d)(3)                   | 1,000.00                      | 1,000.0   |
| othes                         | 11 USC § 522(d)(3)                   | 200.00                        | 200.0   |
| 01K city                      | 11 USC § 522(d)(12)                  | 5,000.00                      | 5,000.0   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |
|                               |                                      |                               |   |

<sup>\*</sup> Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| IN RE Fisher, Robert S Sr. | Core No    |
|----------------------------|------------|
| IN RE FISHER, ROBERT 3 31. | Case No    |
| Debtor(s)                  | (If known) |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY  |
|--|----------|---------------------------------------|--|-------------|--------------|----------|---|---|
| ACCOUNT NO.  |          |                                       |  |             |              |          |   |   |
|  |          |                                       | Value \$   | -           |              |          |   |   |
| ACCOUNT NO.  |          |                                       | value 5  |             |              |          |   |   |
|  |          |                                       |  |             |              |          |   |   |
|  |          |                                       |  |             |              |          |   |   |
|  |          |                                       | Value \$   |             |              |          |   |   |
| ACCOUNT NO.  |          |                                       |  |             |              |          |   |   |
|  |          |                                       |  |             |              |          |   |   |
|  |          |                                       |  |             |              |          |   |   |
|  |          |                                       | Value \$   |             |              |          |   |   |
| ACCOUNT NO.  | _        |                                       |  |             |              |          |   |   |
|  |          |                                       |  |             |              |          |   |   |
|  |          |                                       |  |             |              |          |   |   |
|  |          |                                       | Value \$   |             |              |          |   |   |
| 0 continuation sheets attached   |          |                                       | (Total of th   | Sub<br>is p | otot<br>bago | al<br>e) | \$  | \$  |
|  |          |                                       | (Use only on la  |             | Tot          |          | \$  | \$  |
|  |          |                                       | (Use only of the   | or þ        | ,ug          | -,       | (Report also on<br>Summary of<br>Schedules.)                      | (If applicable, report<br>also on Statistical<br>Summary of Certain |

Doc 1 Filed 03/19/15 Case 1-15-41140-cec Entered 03/19/15 08:24:01

B6E (Official Form 6E) (04/13) IN RE Fisher, Robert S Sr.

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

0 continuation sheets attached

| Debtor | $(\mathbf{s})$ |
|--------|----------------|

| C    | N.T | ٠. |
|------|-----|----|
| Case | IN  | (1 |
|      |     |    |

(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed

| on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  |
|--|
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).    |
| Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
| Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
| Claims for Death or Personal Injury While Debtor Was Intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
| * Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.   |

B6F (Official Form 6F) (12/07)

| IN RE Fisher, Robert S Sr. | Case No. |            |
|----------------------------|----------|------------|
| Debtor(s)                  | ·        | (If known) |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                 |
|--|----------|---------------------------------------|---|------------|--------------|----------|---------------------------------------|
| ACCOUNT NO. 4810   |          |                                       | CIVIL JUDGMENT  |            |              | T        |                                       |
| Capital One Bank<br>C/O Rubin & Rothman<br>P O Box 9003<br>Islandia, NY 11749                            |          |                                       |   |            |              |          | 999.00                                |
| ACCOUNT NO. <b>5015</b>  |          |                                       | New York City Housing Authority v. Fisher, Robert   |            |              | T        |                                       |
| David I Faber<br>Attorney<br>250 Broadway, 9th Floor<br>New York, NY 10007                               |          |                                       |   |            |              |          | 20,400.00                             |
| ACCOUNT NO. 0386   |          | Н                                     | collection: TMobile   |            |              | T        | · · · · · · · · · · · · · · · · · · · |
| Diversified<br>10550 Deerwood Park Blvd<br>Jacksonville, FL 32256  |          |                                       |   |            |              |          | 333.00                                |
| ACCOUNT NO. 4001   |          | Н                                     | OPEN ACCOUNT OPENED 10/2014 - T Mobile USA  |            |              | T        |                                       |
| I C System Inc<br>Po Box 64378<br>Saint Paul, MN 55164   |          |                                       | Inc   |            |              |          | 332.00                                |
| <b>2</b> continuation sheets attached  |          | •                                     | (Total of th  | Subt       |              |          | 22,064.00                             |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the St<br>Summary of Certain Liabilities and Relate | also       | tica         | 1<br>1   |                                       |

B6F (Official Form 6F) (12/07) - Cont.

IN RE Fisher, Robert S Sr.

| _ | ~     | 3 T |        |
|---|-------|-----|--------|
| ( | lase. | N   | $\cap$ |
|   |       |     |        |

Debtor(s)

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | ((                                    | Continuation Sheet)   |                              |                             |                      |                       |
|--|----------|---------------------------------------|---|------------------------------|-----------------------------|----------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)         | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT                   | UNLIQUIDATED                | DISPUTED             | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 9995   |          | Н                                     | OPEN ACCOUNT OPENED 5/2012 - Chase Bank   |                              |                             | 1                    |                       |
| Midland Funding<br>8875 Aero Dr Ste 200<br>San Diego, CA 92123   |          |                                       |   |                              |                             |                      | 2.446.00              |
| ACCOUNT NO. 8683   |          | Н                                     | OPEN ACCOUNT OPENED 5/2012 - GE Money   |                              |                             | +                    | 2,146.00              |
| Midland Funding<br>8875 Aero Dr Ste 200<br>San Diego, CA 92123   |          |                                       | Bank  |                              |                             |                      | 2,006.00              |
| ACCOUNT NO. 9512   |          |                                       | collection GE CAPITAL RETAIL BANK vs. FISHER,   |                              |                             | 1                    | _,000.00              |
| Mullooly, Jeffrey, Rooney & Flynn, LLP<br>6851 Jericho Turnpike, Suite 220<br>Syosset, NY 11791                  |          |                                       | ROBERT  |                              |                             |                      | 2,096.65              |
| ACCOUNT NO. <b>5468</b>  |          |                                       | TAXLIENSTATE ACCOUNT OPENED 2012-8-28   |                              |                             | 1                    | 2,090.03              |
| New York State Department of Taxation & Bankruptcy Section P O Box 5300 Albany, NY 12205                         |          |                                       |   |                              |                             |                      | 12,265.00             |
| ACCOUNT NO. 0045  New York State Dept Of Taxation Finance Civil Enforcement W A Harriman Campus Albany, NY 12227 |          |                                       | period ending: 12/31/07 *(L-038041472-8) ; 12/31/08 ( L-037705675-8)and 12/31/09 (L-037705676-7)  |                              |                             |                      | 8,543.52              |
| ACCOUNT NO. 8411   |          | Н                                     | collection: 01 IDT America Corporation  |                              |                             | +                    | 0,343.32              |
| Penn Credit<br>916 S 14th St<br>Harrisburg, PA 17104   |          |                                       | •   |                              |                             |                      | 405.00                |
| ACCOUNT NO. <b>2035</b>  |          | Н                                     | collection World Financial Network Bank)  |                              |                             | +                    | 165.00                |
| Portfolio Recovery Ass<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502  |          |                                       |   |                              |                             |                      | 200                   |
| Sheet no. 1 of 2 continuation sheets attached to   |          | <u> </u>                              |   | Subt                         | tota                        | 1                    | 970.00                |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Standard of Certain Liabilities and Relate | is pa<br>T<br>also<br>tatist | age<br>'ota<br>o oi<br>tica | ) <u>5</u><br>1<br>1 | 28,192.17             |

B6F (Official Form 6F) (12/07) - Cont.

| IN R | TF Fi | char | Rak | \ort | 9 | ٩r |
|------|-------|------|-----|------|---|----|

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| IN | R | $\mathbf{E}$ | Fisher. | Robert | S Sr. |
|----|---|--------------|---------|--------|-------|
|----|---|--------------|---------|--------|-------|

| Coco | NIO  |
|------|------|
| Case | INO. |

(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Debtor(s)

|   |          | (                                     | Continuation Sheet)   |                     |                     |                |                       |
|---|----------|---------------------------------------|---|---------------------|---------------------|----------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)                        | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT          | UNLIQUIDATED        | DISPUTED       | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>7830</b>   |          | Н                                     | OPEN ACCOUNT OPENED 6/2009 - HSBC Card  |                     |                     | П              |                       |
| Portfolio Recovery Ass<br>120 Corporate Blvd Ste 1<br>Norfolk, VA 23502   |          |                                       | Services  |                     |                     |                | 0.004.00              |
| ACCOUNT NO. 9439  |          | Н                                     | REVOLVING ACCOUNT OPENED 11/2007  | +                   |                     | ${\mathbb H}$  | 6,384.00              |
| Sears/cbna Po Box 6189 Sioux Falls, SD 57117  |          |                                       | REVOLVING ACCOUNT OF ENED 11/2007   |                     |                     |                | 2 499 00              |
| ACCOUNT NO. 8364  |          |                                       | collection: original account CITIBANK xxx-4149  | +                   |                     | H              | 2,488.00              |
| Selip & Stylianou, LLP<br>P O Box 9001<br>Woodbury, NY 11797  |          |                                       | Sears   |                     |                     |                | 2 400 27              |
| ACCOUNT NO. 3353  |          | Н                                     | REVOLVING ACCOUNT OPENED 8/2002   |                     |                     | H              | 2,488.27              |
| Syncb/jcp<br>Po Box 965007<br>Orlando, FL 32896   |          |                                       |   |                     |                     |                | 2,096.00              |
| ACCOUNT NO.   |          |                                       |   |                     |                     |                |                       |
| ACCOUNT NO.   |          |                                       |   |                     |                     |                |                       |
| ACCOUNT NO.   |          |                                       |   |                     |                     |                |                       |
|   |          |                                       |   |                     |                     |                |                       |
| Sheet no. <b>2</b> of <b>2</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  | Sub<br>nis p        |                     |                | \$ 13,456.27          |
|   |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | T<br>t als<br>tatis | Γota<br>o o<br>tica | al<br>on<br>al | \$ 63,712.44          |

B6G (Official Form 6G) (12/07)

| IN RE Fisher, Robert S Sr. | Case No.   |
|----------------------------|------------|
| Debtor(s)                  | (If known) |

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

B6H (Official Form 6H) (12/07)

| Doil (Oliciai Form off) (12/07) |            |
|---------------------------------|------------|
| IN RE Fisher, Robert S Sr.      | Case No.   |
| Debtor(s)                       | (If known) |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| Г                            |                              |
|------------------------------|------------------------------|
| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |

| Fill in this information to identify  | your case:   |   |                      |  |  |                                  |
|---|--|---|----------------------|--|--|----------------------------------|
|   |  |   |                      |  |  |                                  |
| Debtor 1 Robert S Fisher Sr.<br>First Name  | Middle Name  | Last Name                                     |                      |  |  |                                  |
| Debtor 2 (Spouse, if filing) First Name   | Middle Name  | Last Name                                     |                      |  |  |                                  |
| United States Bankruptcy Court for the: I   | Eastern District of New York   |   |                      |  |  |                                  |
|   |  |   |                      | Check if the                           | his is:  |                                  |
| (If known)  |  | •   |                      |  | ended filing   |                                  |
|   |  |   |                      | A supp                                 | olement showing post-pet                                 |                                  |
| 0000  |  |   |                      | chapte                                 | er 13 income as of the follow                            | owing date:                      |
| Official Form 6l  |  |   |                      | MM / D                                 | DD / YYYY  |                                  |
| Schedule I: You   | ır Income  |   |                      |  |  | 12/13                            |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Describe Employm | ou are married and not f<br>use is not filing with you<br>top of any additional pa | iling jointly, and yo<br>, do not include inf | ur spò<br>ormati     | use is living with y on about your spo | ou, include information ab<br>use. If more space is need | out your spouse.<br>ed, attach a |
| Fill in your employment   |  | Dahtar 1                                      |                      |  | Dahtar 2 ar van tilian                                   |                                  |
| information.  |  | Debtor 1                                      |                      |  | Debtor 2 or non-filing                                   | spouse                           |
| If you have more than one job,<br>attach a separate page with<br>information about additional<br>employers.   | Employment status  | ☐ Employed☐ Not employ                        | ed                   |  | ☐ Employed☐ Not employed                                 |                                  |
| Include part-time, seasonal, or self-employed work.   |  | Elovator                                      |                      |  | Community Lincon   |                                  |
| Occupation may Include student or homemaker, if it applies.   | Occupation   | Elevator                                      |                      |  | Community Liason   |                                  |
|   | Employer's name  | NYC Housing                                   | Autho                | ority                                  | Rescare Inc  |                                  |
|   | Employer's address   | 98 Church Street Number Street                | eet, 6t              | h Floor                                | 9901 Linn Station Roa<br>Number Street                   | ad                               |
|   | Have large annulated the   | New York, NY                                  | <b>1000</b><br>State |  | Louisville, KY 40223-I                                   | 0000<br>te ZIP Code              |
|   | How long employed th   | ere ?   |                      |  |  |                                  |
| Part 2: Give Details About  | Monthly Income   |   |                      |  |  |                                  |
| Estimate monthly income as of<br>spouse unless you are separated<br>If you or your non-filing spouse ha<br>below. If you need more space, a               | ave more than one emplo  | er, combine the info                          | Ü                    |  | •  | your non-filing                  |
|   |  |   |                      | For Debtor 1                           | For Debtor 2 or non-filing spouse                        |                                  |
| List monthly gross wages, sale deductions). If not paid monthly,  |  |   | 2.                   | \$5,726.07_                            | \$ 866.67  |                                  |
| 3. Estimate and list monthly over   | time pay.  |   | 3                    | +\$0.00                                | + \$0.00_  |                                  |
| 4. Calculate gross income. Add li   | ne 2 + line 3.   |   | 4.                   | \$ <u>5,726.07</u>                     | \$866.67   |                                  |

Official Form 6l Schedule I: Your Income page 1

Debtor 1

Robert S Fisher Sr. Case number (if known) Last Name For Debtor 1 For Debtor 2 or non-filing spouse 5,726.07 866.67 Copy line 4 here..... 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 97.54 5a. 1,543.26 5b. Mandatory contributions for retirement plans 5b. 0.00 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 0.00 0.00 5d. 5e. Insurance 5e. 307.41 0.00 0.00 5f. Domestic support obligations 5f. 0.00 0.00 65.26 5g. Union dues 5g. 5h. Other deductions. Specify: See Schedule Attached 5h. 0.00 479.18 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 2,087.70 97.54 769.13 3,638.37 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 monthly net income. 8a. 8b. Interest and dividends 8b. 0.00 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 0.00 settlement, and property settlement. 8c. 0.00 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 0.00 0.00 \$ 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental 0.00 0.00 Nutrition Assistance Program) or housing subsidies. 8f. Specify: 8g. Pension or retirement income 8g. 0.00 0.00 8h. Other monthly income. Specify: \_ 8h. 0.00 +\$ 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 0.00 0.00

10. Calculate monthly income. Add line 7 + line 9. 3,638.37 769.13 4,407.50 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$ 0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

4.407.50 Combined monthly income

12.

| M No. |          |      |  |
|-------|----------|------|--|
| D Voc | Evolain: | None |  |

**SPOUSE** 

88.31

171.77

0.00

0.00

0.00

0.00

IN RE Fisher, Robert S Sr.

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

DEBTOR

Other Payroll Deductions:
Ch 96 Pension Basic 414
Ch 96 Pension Phy Taxing 414

Case No.

Debtor(s)

Debtor(s)

105.93

**NYCers Pen Sys Loans** 

NYCers Pen Sys 414

| Fill in this in                 | nformation to identify y   | our case:                            |   |                    |               |                        |                          |           |                           |
|---------------------------------|--|--------------------------------------|---|--------------------|---------------|------------------------|--------------------------|-----------|---------------------------|
|                                 | Robert S Fisher Sr.  |                                      |   |                    |               |                        |                          |           |                           |
| Debtor 1                        | First Name   | Middle Name                          | Last Name                               |                    | Check if the  | nis is:                |                          |           |                           |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name                          | Last Name                               |                    | An am         |                        | -                        |           |                           |
| United States                   | Bankruptcy Court for the: Ea   | astern District of New York          |   |                    |               |                        | showing p<br>f the follo |           | tition chapter 13<br>ate: |
| Case number                     |  |                                      | _                                       |                    |               | DD / YYYY              |                          | Ü         |                           |
| (If known)                      |  |                                      |   |                    | _             |                        | g for Deb                | otor 2 be | ecause Debtor 2           |
| Official F                      | Form 6J  |                                      |   |                    | mainta        | ains a se <sub>l</sub> | parate ho                | usehol    | d                         |
| Sched                           | lule J: You  | ır Expens                            | es                                      |                    |               |                        |                          |           | 12/13                     |
| information. I                  | ete and accurate as pos<br>f more space is needed<br>nswer every question. |                                      | -                                       |                    |               | -                      |                          |           |                           |
| Part 1:                         | Describe Your Hous   | ehold                                |   |                    |               |                        |                          |           |                           |
| 1. Is this a joi                | nt case?   |                                      |   |                    |               |                        |                          |           |                           |
| No. Go                          | to line 2.<br>es Debtor 2 live in a se                                     | eparate household?                   |   |                    |               |                        |                          |           |                           |
|                                 | No   |                                      |   |                    |               |                        |                          |           |                           |
|                                 | Yes. Debtor 2 must file  | a separate Schedule J                |   |                    |               |                        |                          |           |                           |
| 2. Do you hav                   | e dependents?  | <b>⊻</b> No                          |   | Dependent's rela   | tions hip to  |                        | De pendent               | r's       | Does dependent live       |
| Do not list Debtor 2.           | Debtor 1 and   | Yes. Fill out this in each dependent |   | Debtor 1 or Debto  |               |                        | age                      |           | with you?                 |
|                                 | e the dependents'  | each dependent                       | • | •                  |               |                        |                          |           | No No                     |
| names.                          |  |                                      |   |                    |               |                        |                          |           | Yes                       |
|                                 |  |                                      |   |                    |               |                        |                          |           | ┙ No<br>☑ Yes             |
|                                 |  |                                      |   |                    |               |                        |                          |           | □ No                      |
|                                 |  |                                      |   |                    |               |                        |                          |           | Yes                       |
|                                 |  |                                      |   |                    |               |                        |                          |           | ☐ No                      |
|                                 |  |                                      |   |                    |               |                        |                          |           | Yes                       |
|                                 |  |                                      |   |                    |               |                        |                          |           | ☑ No<br>☑ Yes             |
| expenses d                      | penses include<br>of people other than<br>od your dependents?              | ✓ No<br>□ Yes                        |   |                    |               |                        |                          |           |                           |
| Part 2: Es                      | stimate Your Ongoin  | a Monthly Expense                    | es.                                     |                    |               |                        |                          |           |                           |
|                                 | r expenses as of your b  |                                      |   | re using this forr | n as a supple | ement in               | a Chapter                | 13 cas    | eto report                |
| _                               | of a date after the bank   |                                      | =                                       | _                  |               |                        | _                        |           | -                         |
| =                               | nses paid for with non-once and have included i                            | _                                    | _                                       |                    | of            |                        | Your e                   | expense   | es                        |
|                                 | or home ownership ex   | penses for your resid                | <b>dence.</b> Include                   | first mortgage pa  | yments and    | 4.                     | \$                       | 889.75    | 5                         |
| If not incl                     | uded in line 4:  |                                      |   |                    |               |                        |                          |           |                           |
| 4a. Real                        | estate taxes   |                                      |   |                    |               | 4a.                    | \$                       | 0.00      |                           |
| 4b. Prop                        | erty, homeowner's, or rer  | nter's insurance                     |   |                    |               | 4b.                    | \$                       | 0.00      |                           |
| 4c. Home                        | e maintenance, repair, ar  | nd upkeep expenses                   |   |                    |               | 4c.                    | \$                       | 0.00      |                           |
| 4d Home                         | enwher's association or o  | andominium duos                      |   |                    |               | 44                     | ¢                        | 0.00      |                           |

Debtor 1

Robert S Fisher Sr.
First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_\_

|     |   |      | Your expenses |
|-----|---|------|---------------|
| 5   | . Additional mortgage payments for your residence, such as home equity loans  | 5.   | \$0.00        |
|     | Utilities:  |      |               |
|     | 6a. Electricity, heat, natural gas  | 6a.  | \$400.00      |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$0.00        |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$400.00      |
|     | 6d. Other. Specify:   | 6d.  | \$0.00        |
| 7   | Food and housekeeping supplies  | 7.   | \$1,000.00    |
| 8   | Childcare and children's education costs  | 8.   | \$ 0.00       |
| 9   | Clothing, laundry, and dry cleaning   | 9.   | \$ 350.00     |
| 10. |   | 10.  | \$200.00      |
| 11. |   | 11.  | \$75.00       |
| 12. |   | 12.  | \$ 500.00     |
| 13. |   | 13.  | \$125.00      |
| 14. |   | 14.  | \$80.00       |
| 15  |   |      |               |
|     | 15a. Life insurance   | 15a. | \$ 50.00      |
|     | 15b. Health insurance   | 15b. | \$0.00        |
|     | 15c. Vehicle insurance  | 15c. | \$200.00      |
|     | 15d. Other insurance. Specify:  | 15d. | \$0.00        |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  | 16.  | \$0.00        |
| 17. | Installment or lease payments:  |      |               |
|     | 17a. Car payments for Vehicle 1   | 17a. | \$0.00        |
|     | 17b. Car payments for Vehicle 2   | 17b. | \$0.00        |
|     | 17c. Other. Specify:  | 17c. | \$0.00        |
|     | 17d. Other. Specify:  | 17d. | \$0.00        |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18.  | \$0.00        |
| 19. | Other payments you make to support others who do not live with you.   |      | \$ 0.00       |
|     | Specify:  | 19.  | Ψ             |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom   | ne.  |               |
|     | 20a. Mortgages on other property  | 20a. | \$0.00        |
|     | 20b. Real estate taxes  | 20b. | \$0.00        |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$0.00        |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$0.00        |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$0.00        |

| Debtor 1       | Robert S Fisher Sr.   | Case number (if known)             |
|----------------|---|------------------------------------|
|                | First Name Middle Name Last Name  |                                    |
| 21. <b>Oth</b> | er. Specify: See Schedule Attached  | 21. <b>+</b> \$ <b>150.00</b>      |
| 2. <b>Yo</b> ı | r monthly expenses. Add lines 4 through 21.   | \$4,419.75                         |
| The            | result is your monthly expenses.  | 22.                                |
| 23. Calc       | ulate your monthly net income.  |                                    |
| 23a.           | Copy line 12 (your combined monthly income) from Schedule I.  | <sub>23a.</sub> \$ <u>4,407.50</u> |
| 23b.           | Copy your monthly expenses from line 22 above.  | <sup>23b.</sup> - \$ 4,419.75      |
| 23c.           | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .   | 23c. \$                            |
| For e          | ou expect an increase or decrease in your expenses within the year af example, do you expect to finish paying for your car loan within the year or congage payment to increase or decrease because of a modification to the tem or. | do you expect your                 |
| □ Y            |   |                                    |

IN RE Fisher, Robert S Sr.

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

Other Expenses (DEBTOR)

Pet Food/Vet

150.00
0.00

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

**B6 Declaration (Official Form 6 - Declaration) (12/07)** 

| IN RE Fisher, Robert S Sr. |           | Case No |            |
|----------------------------|-----------|---------|------------|
|                            | Debtor(s) |         | (If known) |

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **21** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: March 19, 2015 Signature: /s/ Robert S Fisher, Sr. Debtor Robert S Fisher, Sr. Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Social Security No. (Required by 11 U.S.C. § 110.) Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B7 (Official Form 7) (04/13)

## **United States Bankruptcy Court Eastern District of New York**

| IN RE:               |           | Case No.  |
|----------------------|-----------|-----------|
| Fisher, Robert S Sr. |           | Chapter 7 |
|                      | Debtor(s) |           |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

#### 1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

55,600.00 2014 employment

11,892.00 2015 YTD employment

41,223.00 2013 employment

#### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

\_\_\_\_\_

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION DISPOSITION

**New York City Housing Authority General** 

v. Robert Fisher CV-000050-

15/NY

Capital One Bank (USA) NA v. consumer debt **Civil Court, Richmond County** filed 2011-2-18

Fisher, Robert Cv02394810RI

State of New York v. Robert Fisher docket: 385468

**Tax Lien State** 

consumer debt **Civil Court Richmond County** 

**Richmond County, Civil Court** 

filed 2012-8-28

**Richmond County Clerk** 

GE CAPITAL RETAIL BANK vs. FISHER, ROBERT FISHER,

SYLVIA CV 002395-12RI

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| 9. Pavments related to debt counseling | g or bankrunt | CV |
|--|---------------|----|
|--|---------------|----|

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

> DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

1,750.00

Kevin B. Zazzera 182 Rose Ave Staten Island, NY 10306

NAME AND ADDRESS OF PAYEE

Greenpath 50.00

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

 $\checkmark$ 

List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 $\checkmark$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

 $\checkmark$ 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: March 19, 2015 | Signature /s/ Robert S Fisher, Sr. |                      |
|----------------------|------------------------------------|----------------------|
|                      | of Debtor                          | Robert S Fisher, Sr. |
| Date:                | Signature                          |                      |
|                      | of Joint Debtor                    |                      |
|                      | (if any)                           |                      |
|                      |                                    |                      |

**0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

**B8** (Official Form 8) (12/08)

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

## **United States Bankruptcy Court Eastern District of New York**

| IN RE:  |                               |                                  | Case No.   |
|---|-------------------------------|----------------------------------|--|
| Fisher, Robert S Sr.  |                               | Chapter 7                        |  |
| ~~· ~~~ -   | Debtor(s)                     |                                  |  |
|   | INDIVIDUAL DEBTO              |                                  |  |
| <b>PART A</b> – Debts secured by property of estate. Attach additional pages if necess                            |                               | fully completed fo               | r <b>EACH</b> debt which is secured by property of the               |
| Property No. 1  |                               |                                  |  |
| Creditor's Name:  |                               | Describe Proper                  | ty Securing Debt:  |
| Property will be (check one):  Surrendered Retained   |                               | ,                                |  |
| If retaining the property, I intend to (chapter in the late) Redeem the property Reaffirm the debt Other. Explain | neck at least one):           | (for                             | example, avoid lien using 11 U.S.C. § 522(f)).                       |
| Property is (check one):  Claimed as exempt Not claim   | ed as exempt                  |                                  |  |
| Property No. 2 (if necessary)   |                               |                                  |  |
| Creditor's Name:  |                               | Describe Property Securing Debt: |  |
| Property will be (check one):  Surrendered Retained   |                               |                                  |  |
| If retaining the property, I intend to (cl. Redeem the property Reaffirm the debt Other. Explain                  | eck at least one):            | (foi                             | r example, avoid lien using 11 U.S.C. § 522(f)).                     |
| Property is (check one):  Claimed as exempt Not claim   | ed as exempt                  |                                  |  |
| PART B – Personal property subject to unadditional pages if necessary.)   | nexpired leases. (All three c | olumns of Part B m               | ust be completed for each unexpired lease. Attack                    |
| Property No. 1  |                               |                                  |  |
| Lessor's Name:  | Describe Leased               | Property:                        | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |
| Property No. 2 (if necessary)   |                               |                                  |  |
| Lessor's Name:  | Describe Leased               | Property:                        | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |
| continuation sheets attached (if any  | )                             |                                  |  |
| declare under penalty of perjury that<br>personal property subject to an unexp                                    |                               | intention as to any              | y property of my estate securing a debt and/or                       |
| Date: March 19, 2015  | /s/ Robert S Fisher,          | Sr.                              |  |
|   | Signature of Debtor           |                                  |  |

Signature of Joint Debtor

## © 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

#### United States Bankruptcy Court Eastern District of New York

| IN  | RE:  | Case No.   |                           |                  |
|-----|--|--|---------------------------|------------------|
| Fis | sher, Robert S Sr.   | Chapter 2  | 7                         |                  |
|     | Debtor(s)  |  |                           |                  |
|     |  | OMPENSATION OF ATTORNEY FOR DE   |                           |                  |
| 1.  |  | 6(b), I certify that I am the attorney for the above-named debtor(s) agreed to be paid to me, for services rendered or to be rendered or                           |                           |                  |
|     | For legal services, I have agreed to accept  |  | \$                        | 1,750.00         |
|     | Prior to the filing of this statement I have received  |  | \$                        | 1,750.00         |
|     | Balance Due  |  | \$                        | 0.00             |
| 2.  | The source of the compensation paid to me was: Del   | otor Other (specify):  |                           |                  |
| 3.  | The source of compensation to be paid to me is: $\Box$ Del   | otor Other (specify):  |                           |                  |
| 4.  | I have not agreed to share the above-disclosed compe   | ensation with any other person unless they are members and associa   | ntes of my law firm.      |                  |
|     | I have agreed to share the above-disclosed compensatiogether with a list of the names of the people sharing  | tion with a person or persons who are not members or associates og in the compensation, is attached.   | of my law firm. A copy of | f the agreement, |
| 5.  | In return for the above-disclosed fee, I have agreed to rend   | ler legal service for all aspects of the bankruptcy case, including:   |                           |                  |
|     | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;</li> <li>e. [Other provisions as needed]</li> </ul> |  |                           |                  |
| 6.  | By agreement with the debtor(s), the above disclosed fee   | loes not include the following services:   |                           |                  |
|     | certify that the foregoing is a complete statement of any agroceeding.  March 19, 2015  Date   | CERTIFICATION  eement or arrangement for payment to me for representation of the  /s/ Kevin B. Zazzera  Kevin B. Zazzera 2689437  Kevin B. Zazzera 182 Rose Avenue | debtor(s) in this bankrup | tcy              |
|     |  | Staten Island, NY 10306<br>kzazz007@yahoo.com  |                           |                  |

#### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

Form B 201A, Notice to Consumer Debtor(s)

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# © 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

#### United States Bankruptcy Court Eastern District of New York

| IN RE:   |                                 | Case No.   |
|--|---------------------------------|--|
| Fisher, Robert S Sr.   |                                 | Chapter <b>7</b>   |
|  | Debtor(s)                       |  |
|  | VERIFICATION OF CREDI           | TOR MATRIX   |
| The above named debtor(s) or att correct to the best of their knowle |                                 | y that the attached matrix (list of creditors) is true and |
| Date: <b>March 19, 2015</b>  | /s/ Robert S Fisher, Sr. Debtor |  |
|  | Joint Debtor                    |  |
|  | /s/ Kevin B. Zazzera            |  |

CAPITAL ONE BANK
C/O RUBIN & ROTHMAN
P O BOX 9003
ISLANDIA NY 11749

DAVID I FABER
ATTORNEY
250 BROADWAY 9TH FLOOR
NEW YORK NY 10007

DIVERSIFIED 10550 DEERWOOD PARK BLVD JACKSONVILLE FL 32256

I C SYSTEM INC PO BOX 64378 SAINT PAUL MN 55164

MIDLAND FUNDING 8875 AERO DR STE 200 SAN DIEGO CA 92123

MULLOOLY JEFFREY ROONEY & FLYNN LLP 6851 JERICHO TURNPIKE SUITE 220 SYOSSET NY 11791

NEW YORK STATE DEPARTMENT OF TAXATION & BANKRUPTCY SECTION P O BOX 5300 ALBANY NY 12205

NEW YORK STATE DEPT OF TAXATION FINANCE CIVIL ENFORCEMENT W A HARRIMAN CAMPUS ALBANY NY 12227 PENN CREDIT 916 S 14TH ST HARRISBURG PA 17104

PORTFOLIO RECOVERY ASS 120 CORPORATE BLVD STE 1 NORFOLK VA 23502

SEARS/CBNA PO BOX 6189 SIOUX FALLS SD 57117

SELIP & STYLIANOU LLP P O BOX 9001 WOODBURY NY 11797

SYNCB/JCP PO BOX 965007 ORLANDO FL 32896

| Fill in this information to identify your case:  | Check one box only as directed in this form and in  |
|--|---|
| Dehert C Fisher Cr   | Form 22A-1Supp:   |
| Debtor 1         Robert S Fisher Sr.           First Name         Middle Name           Last Name           Debtor 2           (Spouse, if filing)         First Name           Middle Name         Last Name  | 1. There is no presumption of abuse.  |
| (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: <b>Eastern District of New York</b>  | 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A–2).  |
| Case number(# known)   | 3. The Means Test does not apply now because of qualified military service but it could apply later.  |
|  | ☐ Check if this is an amended filing  |
| Official Form 22A—1  |   |
| Chapter 7 Statement of Your Currer   | nt Monthly Income 12/14   |
| is needed, attach a separate sheet to this form. Include the line number pages, write your name and case number (if known). If you believe that primarily consumer debts or because of qualifying military service, com § 707(b)(2) (Official Form 22A-1Supp) with this form.  | g together, both are equally responsible for being accurate. If more space to which the additional information applies. On the top of any additional you are exempted from a presumption of abuse because you do not have a plete and file Statement of Exemption from Presumption of Abuse Under |
| Part 1: Calculate Your Current Monthly Income  |   |
| 1. What is your marital and filing status? Check one only.   |   |
| Not married. Fill out Column A, lines 2-11.  Married and your spouse is filing with you. Fill out both Columns   | A and B lines 2-11  |
| Married and your spouse is NOT filing with you. You and your s   |   |
|  |   |
| Living in the same household and are not legally separated   |   |
|  | , lines 2-11; do not fill out Column B. By checking this box, you declare eparated under nonbankruptcy law that applies or that you and your spouse ins Test requirements. 11 U.S.C. § 707(b)(7)(B).  |
| Fill in the average monthly income that you received from all source case. 11 U.S.C. § 101(10A). For example, if you are filing on Septembe amount of your monthly income varied during the 6 months, add the incoinclude any income amount more than once. For example, if both spous one column only. If you have nothing to report for any line, write \$0 in the | ome for all 6 months and divide the total by 6. Fill in the result. Do not ses own the same rental property, put the income from that property in   |
|  | Column A  Debtor 1  Debtor 2 or non-filing spouse   |
| Your gross wages, salary, tips, bonuses, overtime, and commission payroll deductions).   | ns (before all \$_5,285.60 \$_800.00  |
| 3. Alimony and maintenance payments. Do not include payments from a Column B is filled in.   | a spouse if \$0.00 \$0.00   |
| 4. All amounts from any source which are regularly paid for househol<br>of you or your dependents, including child support. Include regular<br>from an unmarried partner, members of your household, your dependen<br>and roommates. Include regular contributions from a spouse only if Colu<br>filled in. Do not include payments you listed on line 3.            | contributions<br>its, parents,  |
| 5. Net income from operating a business, profession, or farm   |   |
| Gross receipts (before all deductions) \$  | <u>0</u>  |
| Ordinary and necessary operating expenses - \$   | 0   |
| Net monthly income from a business, profession, or farm \$   | <u>0</u> Copyhere → \$0.00 \$0.00   |
| 6. Net income from rental and other real property  |   |

Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

0.00

<u>0.00</u> Copyhere →

0.00

0.00

0.00

0.00

| Debtor 1           | Robert S Fisher Sr.  |  | Case number (if known)    |  |   |
|--------------------|--|--|---------------------------|--|---|
|                    | First Name Middle Name Last Name   |  |                           |  |   |
|                    |  |  | Column A<br>Debtor 1      | Column B Debtor 2 or non-filing spouse |   |
| B. <b>Unem</b> p   | bloyment compensation  |  | \$ 0.00                   | \$ 0.00                                |   |
|                    | enter the amount if you contend that the amouthe Social Security Act. Instead, list it here:   |  | <del> </del>              | <del></del>                            |   |
|                    | you  |  |                           |  |   |
| For                | your spouse  | ····· \$ <b>0.00</b>   |                           |  |   |
|                    | on or retirement income. Do not include any a under the Social Security Act.   | mount received that was a  | \$ <b>0.00</b>            | \$ <b>0.00</b>                         |   |
| Do not<br>as a vi  | e from all other sources not listed above. Spanish include any benefits received under the Social ctim of a war crime, a crime against humanity, cam. If necessary, list other sources on a separate   | Security Act or payments rece<br>or international or domestic          |                           |  |   |
| 10a                |  | _  | \$                        | \$                                     |   |
| 10b                |  |  | \$                        | \$                                     |   |
| 10c. T             | otal amounts from separate pages, if any.  |  | +\$0.00                   | +\$0.00                                |   |
|                    | ate your total current monthly income. Add not be not all for Column A to the total for Column A to the Column | 3  | \$_5,285.60               | F \$800.00                             | = \$_6,085.60  Total current mon income |
| Part 2:            | Determine Whether the Means Test A   | Applies to You   |                           |  | alconie                                 |
| 12a. (             | ate your current monthly income for the yea<br>Copy your total current monthly income from lin<br>Multiply by 12 (the number of months in a year)<br>The result is your annual income for this part of   | ne 11  | Сору                      | line 11 here → 12a.                    | \$_6,085.60<br>x 12<br>\$_73,027.20     |
| 3. Calcul          | ate the median family income that applies to   |  |                           |  |   |
| Fill in t          | he state in which you live.  | New York   |                           |  |   |
| Fill in t          | he number of people in your household.   | 2  |                           | _                                      |   |
|                    | hemedian family income for your state and size   |  |                           | 13.                                    | \$ <u>60,743.00</u>                     |
| To find<br>instruc | l a list of applicable median income amounts, g<br>tions for this form. This list may also be availab  | o online using the link specified<br>le at the bankruptcy clerk's offi | d in the separate<br>ice. |  |   |
| _                  | o the lines compare?   |  |                           |  |   |
|                    | Line 12b is less than or equal to line 13. On to Go to Part 3.   |  |                           |  |   |
| 14b. 🗹             | Line 12b is more than line 13. On the top of p<br>Go to Part 3 and fill out Form 22A-2.  | page 1, check box 2, <i>The pr</i> est                                 | umption of abuse is deter | rmined by Form 22A-2                   | 2.                                      |
| Part 3:            | Sign Below   |  |                           |  |   |
|                    | By signing here, I declare under penalty of pe   | rjury that the information on thi                                      | s statement and in any a  | ttachments is true and                 | d correct.                              |
|                    | ✗<br>/s/ Robert S Fisher, Sr.  | ×  | ·<br>·                    |  |   |
|                    | Signature of Debtor 1  |  | Signature of Debtor 2     |  |   |
|                    | Data March 10, 2015  |  | Data                      |  |   |
|                    | Date March 19, 2015<br>MM / DD / YYYYY   |  | Date MM / DD / YYYY       | _                                      |   |
|                    | If you checked line 14a, do NOT fill out or file   | Form 22A-2   |                           |  |   |
|                    | If you checked line 14b, fill out Form 22A-2 a   |  |                           |  |   |

| Fill in this i                 | nformation to iden   | tify your case:          |             |  |
|--------------------------------|----------------------|--------------------------|-------------|--|
| Debtor 1                       | Robert S Fisher      | r <b>Sr.</b> Middle Name | Last Nam e  |  |
| Debtor 2<br>(Spouse, if filing | ) First Name         | Middle Name              | Last Nam e  |  |
| United States                  | Bankruptcy Court for | the: Eastern District o  | of New York |  |
| Case number<br>(If known)      |                      |                          |             |  |

| Check the appropriate box as directed in lines 40 or 42:  |
|---|
| According to the calculations required by this Statement: |
| 1. There is no presumption of abuse.                      |
| 2. There is a presumption of abus e.                      |
| ☐ Check if this is an amended filing                      |

### Official Form 22A–2

## **Chapter 7 Means Test Calculation**

12/14

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 22A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| P  | art 1:      | Determine Your Adjusted Income   |  |                        |                          |
|----|-------------|--|--|------------------------|--------------------------|
| 1. | Сору        | your total current monthly income  | Copy line 11 from Offici   | al Form 22A-1 here →1. | \$ <u>6,085.60</u>       |
| 2. | Did yo      | ou fill out Column B in Part 1 of Form 22A-1?  |  |                        |                          |
|    | □N          | o. Fill in \$0 on line 3d.   |  |                        |                          |
|    |             | es. Is your spouse filing with you?  |  |                        |                          |
|    | V           | No. Go to line 3.  |  |                        |                          |
|    |             | Yes. Fill in \$0 on line 3d.   |  |                        |                          |
| 3. | On lir used | st your current monthly income by subtracting any part of your section of expenses of you or your dependents. Follow these steps:  de 11, Column B of Form 22A–1, was any amount of the income you refor the household expenses of you or your dependents?  do. Fill in 0 on line 3d.  des. Fill in the information below: | -  |                        |                          |
|    |             | State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents  | Fill in the amount you<br>are subtracting from<br>your spouse's income |                        |                          |
|    |             | 3a. Paycheck deductions  | \$90.04  |                        |                          |
|    |             | 3b   | \$   |                        |                          |
|    |             | 3c   | + \$   |                        |                          |
|    |             | 3d. <b>Total.</b> Add lines 3a, 3b, and 3c   | \$90.04  | Copy total here 3d.    | <b>-</b> \$ <u>90.04</u> |
| 4. | Ad jus      | st your current monthly income. Subtract line 3d from line 1.  |  |                        | \$ <u>5,995.56</u>       |

| Debtor | 1 Robert S   | Fisher Sr.  Middle Name Last Name   |   | Case                                  | e number (if known)      |                  |                    |
|--------|--|---|---|---------------------------------------|--------------------------|------------------|--------------------|
|        | T il st Name   | Middle Name Lag Name  |   |                                       |                          |                  |                    |
| Part 2 | 2: Calculate   | Your Deductions from Your In  | come  |                                       |                          |                  |                    |
| ansv   | wer the question   | e Service (IRS) issues National and<br>s in lines 6-15. To find the IRS stand<br>nation may also be available at the                                | dards, go online us                           | ing the link sp                       |                          |                  |                    |
| actu   | al expenses if the   | mounts set out in lines 6-15 regardles y are higher than the standards. Do not operating expenses that you subtract                                 | ot deduct any amour                           | nts that you sub                      | tracted from your spo    | •                | 3                  |
| If yo  | ur expenses differ   | from month to month, enter the average  | age expense.                                  |                                       |                          |                  |                    |
| Whe    | enever this part of  | the form refers to you, it means both y   | you and your spouse                           | e if Column B of                      | f Form 22A–1 is filled i | n.               |                    |
| 5.     | The number of p  | people used in determining your de  | ductions from inco                            | me                                    |                          |                  |                    |
|        | plus the number  | of people who could be daimed as e<br>of any additional dependents whom yo<br>ople in your household.   |   |                                       |                          | 2                |                    |
| Nat    | tional Standards   | You must use the IRS National   | Standards to answe                            | r the questions                       | in lines 6-7.            |                  |                    |
| 6.     | Food, clothing, a in the dollar amou                       | and other items: Using the number of unt for food, clothing, and other items.   | f people you entered                          | l in line 5 and tl                    | ne IRS National Stand    | ards, fill       | \$ <u>1,092.00</u> |
|        | the dollar amoun<br>people who are 6<br>higher than this I | ealth care allowance: Using the num t for out-of-pocket health care. The nu 5 or older—because older people hav RS amount, you may deduct the addit | mber of people is sp<br>ve a higher IRS allow | lit into two cate<br>vance for health | egories—people who a     | are under 65 and |                    |
|        | reopie wilo are  | under 03 years or age   |   |                                       |                          |                  |                    |
|        | 7a. Out-of-pock  | et health care allowance per person   | \$60.00                                       |                                       |                          |                  |                    |
|        | 7b. Number of p  | people who are under 65   | X <b>2</b>                                    |                                       |                          |                  |                    |
|        | 7c. <b>Subtotal.</b> M                                     | ultiply line 7a by line 7b.   | \$120.00                                      | Copy lin e 7c<br>here →               | \$120.00                 |                  |                    |
|        | People who are   | e 65 years of age or older  |   |                                       |                          |                  |                    |
|        | 7d. Out-of-pock  | et health care allowance per person   | \$ <u>144.00</u>                              |                                       |                          |                  |                    |
|        | 7e. Number of p  | people who are 65 or older  | X0  |                                       |                          |                  |                    |
|        | 7f. <b>Subtotal.</b> M                                     | lultiply line 7d by line 7e.  | \$0.00  | Copy line 7f here →                   | + \$0.00                 |                  |                    |
|        | 7g. <b>Total</b> . Add I                                   | ines 7c and 7f  |   |                                       | \$ 120.00                | Copy total here  | \$ <u>120.00</u>   |
|        |  |   |   |                                       |                          |                  |                    |

Filed 03/19/15 Entered 03/19/15 08:24:01 Case 1-15-41140-cec Doc 1 Robert S Fisher Sr. Case number (if known)\_ Last Name Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities – Insurance and operating expenses ■ Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 668.00 9. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed \$ 1,957.00 for your county for mortgage or rent expenses. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment Repeat this Copyline 9b 9b. Total average monthly payment 0.00 0.00 amount on here 🗲 line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or Copy 1,957.00 1,957.00 line 9c rent expense). If this amount is less than \$0, enter \$0. here 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects 0.00 the calculation of your monthly expenses, fill in any additional amount you claim. Explain 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 342.00

why:

Debtor 1

Case number (if known)\_\_\_

Robert S Fisher Sr.

Debtor 1

|                      |                      | ou may not claim the expense for more than to  |  |  |                   |                          |  |          |     |
|----------------------|----------------------|--|--|--|-------------------|--------------------------|--|----------|-----|
| Vehi                 | icle 1               | Describe Vehicle1:   |  |  |                   |                          |  |          |     |
| 13a.                 | Owr                  | nership or leasing costs using IRS Local Stand   | lard   | 13a.   | \$                | 517.00                   |  |          |     |
| 13b.                 |                      | rage monthly payment for all debts secured by not include costs for leased vehicles.   | Vehicle 1.   |  |                   |                          |  |          |     |
|                      | amo                  | calculate the average monthly payment here all bunts that are contractually due to each secure ryou filed for bankruptcy. Then divide by 60.   |  |  |                   |                          |  |          |     |
|                      |                      | Name of each creditor for Vehicle 1  | Average monthly payment  |  |                   |                          |  |          |     |
|                      | _                    |  | \$0.00   | Copy13b<br>here →                            | <b>-</b> \$       | 0.00                     | Repeat this amount on line 33b.                      |          |     |
| 120                  | Not \                | /ehicle 1 ownership or lease expense   |  |  |                   |                          | Copy net   |          |     |
| 130.                 |                      | ract line 13b from line 13a. If this amount is les   | ss than \$0, enter \$0.  | 13c.   | \$                | 517.00                   | Vehicle 1<br>expense<br>here →                       | \$ 5     | 517 |
|                      |                      |  |  |  |                   |                          |  |          |     |
| Vehi                 | icle 2               | Describe Vehicle 2:  |  |  |                   |                          |  |          |     |
|                      |                      | Describe Vehicle 2:  ———————————————————————————————————   |  | 13d.   | \$                | 0.00                     |  |          |     |
| 13d.                 | Owr                  |  | lard   |  |                   |                          |  |          |     |
| 13d.                 | Owr<br>Aver<br>indu  | nership or leasing costs using IRS Local Stand   | lard   |  |                   |                          |  |          |     |
| 13d.                 | Owr<br>Aver<br>indu  | nership or leasing costs using IRS Local Stand<br>rage monthly payment for all debts secured by<br>ude costs for leased vehicles.  | lard  Vehicle 2. Do not  Average monthly   |  |                   |                          | Repeat this amount on line 33c.                      |          |     |
| 13d.<br>13e.         | Owr<br>Aver<br>inclu | nership or leasing costs using IRS Local Standarage monthly payment for all debts secured by ude costs for leased vehicles.  Name of each creditor for Vehicle 2   | Vehicle 2. Do not  Average monthly payment  \$0.00   | 13d.  Copy 13e here  →                       |                   | 0.00                     | amount on<br>line 33c.<br>Copy net<br>Vehicle 2      |          |     |
| 13d.<br>13e.         | Owr<br>Aver<br>inclu | nership or leasing costs using IRS Local Stand<br>rage monthly payment for all debts secured by<br>ude costs for leased vehicles.  Name of each creditor for Vehicle 2   | Vehicle 2. Do not  Average monthly payment  \$0.00   | 13d.<br>Copy 13e                             |                   | 0.00                     | amount on line 33c.                                  | \$       | 0.0 |
| 13d.<br>13e.<br>13f. | Owr<br>Avei<br>inclu | nership or leasing costs using IRS Local Standarage monthly payment for all debts secured by ude costs for leased vehicles.  Name of each creditor for Vehicle 2   | Average monthly payment  \$ 0.00  an \$0, enter \$0.   | 13d.  Copy 13e here  13f.  Local Stand       | \$\$<br>\$        | 0.00                     | amount on line 33c.  Copy net Vehicle 2 expense here | <b>-</b> | 0.0 |
| 13d. 13e. 13f. Publi | Owr<br>Aveindu       | nership or leasing costs using IRS Local Standarage monthly payment for all debts secured by ude costs for leased vehicles.  Name of each creditor for Vehicle 2  /ehicle 2 ownership or lease expense ract line 13e from 13d. If this amount is less the composition of the secure of the | Average monthly payment  \$ 0.00  an \$0, enter \$0.  es in line 11, using the IRS ryou use public transportated the second | 13d.  Copy 13e here →  13f.  Local Standion. | \$\$dards, fill i | 0.00  0.00  n the Public | amount on line 33c.  Copy net Vehicle 2 expense here | <b>-</b> |     |

Debtor 1 Robert S Fisher Sr. Case number (if known)\_ Last Name In addition to the expense deductions listed above, you are allowed your monthly expenses for Other Necessary Expenses the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your \$\_1,424.54 pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes, 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 60.24 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 104.46 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or 0.00 ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it 0.00 is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$6,285.24 Add lines 6 through 23.

Case number (if known)\_

Robert S Fisher Sr.

Debtor 1

Last Name **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 0.00 0.00 Disability insurance Health savings account 0.00 0.00 Copy total here Total 0.00 Do you actually spend this total amount? No. How much do you actually spend? 0.00 Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will 0.00 continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8. If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage 0.00 housing and utilities allowance, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ 0.00 You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are 0.00 higher than the combined food and dothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial 0.00 instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 0.00 32. Add all of the additional expense deductions. Add lines 25 through 31.

Debtor 1 Robert S Fisher Sr. Case number (if known)\_ Last Name **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle Ioans, and other secured debt, fill in lines 33a through 33g. To calculate the total average monthly payment, add all amounts that are contractually due to each secured c reditor in the 60 months after you file for bank ruptcy. Then divide by 60. Average monthly payment Mortgages on your home: 0.00 33a. Copy line 9b here..... Loans on your first two vehicles: 0.00 33b. Copy line 13b here. 0.00 33c. Copy line 13e here. Name of each creditor for other secured debt Identify property that secures Does payment the debt include taxes or insurance? ☐ No Yes □ No Yes ☐ No □ Yes C opy to tal 33g. Total average monthly payment. Add lines 33a through 33f...... 0.00 0.00 h ere 👈 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that Total cure Monthly cure secures the debt amount amount  $\div 60 =$  $\div 60 =$  $\div 60 =$ Copy total Total 0.00 0.00 here 🛨 35. Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. Mo. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims.....

0.00

<u>0.00</u> ÷ 60 =

| Debtor 1       | Robert S Fisher Sr. First Name Middle Name Last Name  | Ca                                | ase number (if known)        |   |
|----------------|---|-----------------------------------|------------------------------|---|
|                | Are you eligible to file a case under Chapter 13? 11 to For more information, go online using the link for Bankru instructions for this form. Bankruptcy Basics may also be | uptcy Basics specified in the se  |                              |   |
| 2              | No. Go to line 37.  |                                   |                              |   |
|                | Yes. Fill in the following information.   |                                   |                              |   |
|                | Projected monthly plan payment if you were filin  | g under Chapter 13                | \$                           |   |
|                | Current multiplier for your district as stated on the Administrative Office of the United States Courts North Carolina) or by the Executive Office for Unother districts).  | s (for districts in Alabama and   | х                            |   |
|                | To find a list of district multipliers that includes y link specified in the separate instructions for this available at the bankruptcy clerk's office.                     |                                   |                              | Jan                                     |
|                | Average monthly administrative expense if you   | were filing under Chapter 13      | \$                           | Copy to tal here                        |
|                | dd all of the deductions for debt payment.<br>dd lines 33g through 36.  |                                   |                              | \$0.00                                  |
| Tota           | Deductions from Income  |                                   |                              |   |
| 38. <b>A</b>   | dd all of the allowed deductions.   |                                   |                              |   |
|                | ppy line 24, All of the expenses allowed under IRS pense allowances   | \$6,285.24                        |                              |   |
| Co             | py line 32, All of the additional expense deductions  | \$ <b>0.00</b> _                  |                              |   |
| Co             | py line 37, All of the deductions for debt payment  | +\$0.00                           |                              |   |
| То             | tal deductions  | \$6,285.24                        | Copy total here →            | \$ <u>6,285.24</u>                      |
| Part           | 3: Determine Whether There Is a Presump   | tion of Abuse                     |                              |   |
| 39. <b>C</b>   | alculate monthly disposable income for 60 months  |                                   |                              |   |
| 3              | 9a. Copy line 4, adjusted current monthly income  | \$ <u>5,995.56</u>                |                              |   |
| 3              | 9b. Copy line 38, Total deductions  | <b>-</b> \$ 6,285.24              |                              |   |
| 3              | 9c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a.  | \$0.00                            | Copyline<br>39c here → \$    | 0.00                                    |
|                | For the next 60 months (5 years)  |                                   | x 60                         |   |
| 3              | 9d. <b>Total</b> . Multiply line 39c by 60  |                                   | 39d. \$                      | 0.00   Copy   Iine 39d   here → \$ 0.00 |
| 40. <b>F</b> i | and out whether there is a presumption of abuse. Che  | eck the box that applies:         |                              |   |
|                | The line 39d is less than \$7,475*. On the top of page to Part 5.   |                                   | There is no presumption of a | buse. Go                                |
|                | The line 39d is more than \$12,475*. On the top of paramay fill out Part 4 if you claim special circumstances.  |                                   | , There is a presumption of  | abuse. You                              |
| _              | The line 39d is at least \$7,475*, but not more than a  | <b>\$12,475*.</b> Go to line 41.  |                              |   |
|                | * Subject to adjustment on 4/01/16, and every 3 year  | s after that for cases filed on o | r after the date of adjustme | nt.                                     |

Doc 1 Filed 03/19/15 Entered 03/19/15 08:24:01 Case 1-15-41140-cec Debtor 1 Robert S Fisher Sr. Case number (if known)\_ Last Name 41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 6), you may refer to line 5 on that form. 41a. X .25 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l) Сору Multiply line 41a by 0.25. here 42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies: Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. Part 4: Give Details About Special Circumstances 43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B). Mo. Go to Part 5. ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments. Average monthly expense Give a detailed explanation of the special circumstances or income adjustment Part 5: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. 🗶 /s/ Robert S Fisher, Sr. Signature of Debtor 1 Signature of Debtor 2

Official Form 22A-2

Date **March 19, 2015** 

MM / DD / YYYY

Date

MM / DD / YYYY

B201B (Form 201B) (12/09)

#### **United States Bankruptcy Court Eastern District of New York**

| IN RE:   | Case No   |   |
|--|---|---|
| Fisher, Robert S Sr.   | Chapter 7   |   |
|  | CE TO CONSUMER DEBTOR(S) HE BANKRUPTCY CODE           |   |
| Certificate of [Non-Attorney   | Bankruptcy Petition Preparer                          |   |
| I, the [non-attorney] bankruptcy petition preparer signing the debto notice, as required by § 342(b) of the Bankruptcy Code. | or's petition, hereby certify that I delivered        | to the debtor the attached  |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:   | petition preparer the Social Securi principal, respon | number (If the bankruptcy is not an individual, state ity number of the officer, sible person, or partner of etition preparer.) |
| x  | (Required by 11                                       |   |
| Signature of Bankruptcy Petition Preparer of officer, principal, respartner whose Social Security number is provided above.  | ponsible person, or                                   |   |
| Certificate  | of the Debtor   |   |
| I (We), the debtor(s), affirm that I (we) have received and read the   | e attached notice, as required by § 342(b) of         | of the Bankruptcy Code.   |
| Fisher, Robert S Sr.   | X /s/ Robert S Fisher, Sr.                            | 3/19/2015   |
| Printed Name(s) of Debtor(s)   | Signature of Debtor                                   | Date  |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Case No. (if known)

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Signature of Joint Debtor (if any)

Date

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

#### United States Bankruptcy Court Eastern District of New York www.nyeb.uscourts.gov

# STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| <b>DEBTOR(S):</b> Fisher,   | Robert S Sr.   | CASENO.:  |
|---|--|---|
|   |  | o, the debtor (or any other petitioner) hereby makes the following is best knowledge, information and belief:   |
| earlier case was pending<br>are the same; (ii) are sp<br>same partnership; (v) a<br>more common general p | g at any time within eight years<br>ouses or ex-spouses; (iii) are af<br>re a partnership and one or mo<br>partners; or (vii) have, or withi | urposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the s before the filing of the new petition, and the debtors in such cases: (i) filiates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in thore of its general partners; (vi) are partnerships which share one or in 180 days of the commencement of either of the Related Cases had, an erry of another estate under 11 U.S.C. § 541(a).] |
| $oxed{oxed}$ NO RELATED CAS $oxed{oxed}$ THE FOLLOWING  | E IS PENDING OR HAS BEE<br>RELATED CASE(S) IS PENI   | N PENDING AT ANY TIME.<br>DING OR HAS BEEN PENDING:   |
| 1. CASE NO.:  | JUDGE:   | DISTRICT/DIVISION:  |
| CASE STILL PENDING CURRENT STATUS O   | G (Y/N): [If closed] F RELATED CASE:   | DISTRICT/DIVISION:  Date of closing:  scharged/awaiting discharge, confirmed, dismissed, etc.)  |
| MANNER IN WHICH<br>REAL PROPERTY LIS  | CASES ARE RELATED (Refe<br>STED IN DEBTOR'S SCHED  | er to NOTE above):ULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
| 2. CASE NO.:  | JUDGE:   | DISTRICT/DIVISION:  |
| CASE STILL PENDING  | G (Y/N): [If closed] F RELATED CASE:   | / Date of closing:  |
| CORRENT STATES O  | (Dis   | scharged/awaiting discharge, confirmed, dismissed, etc.)  |
| REAL PROPERTY LIS   | STED IN DEBTOR'S SCHED   | er to NOTE above):ULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
| 3. CASE NO.:CASE STILL PENDING  | JUDGE:<br>G (Y/N):   | DISTRICT/DIVISION:  |
| CURRENT STATUS O  | F RELATED CASE:  |   |
|   | ,  | scharged/awaiting discharge, confirmed, dismissed, etc.)  |
|   |  | ULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
|   |  |   |

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

#### **DISCLOSURE OF RELATED CASES (cont'd)**

I am admitted to practice in the Eastern District of New York (Y/N):\_\_\_\_\_

| /s/ Kevin B. Zazzera           | /s/ Robert S Fisher, Sr.              |
|--------------------------------|---------------------------------------|
| Signature of Debtor's Attorney | Signature of Pro Se Debtor/Petitioner |
|                                | 275 Westwood Avenue                   |
|                                | Apt. 4B                               |
|                                | Mailing Address of Debtor/Petitioner  |
|                                | Staten Island, NY 10314               |
|                                | City, State, Zip Code                 |
|                                | kzazera007@yahoo.com                  |
|                                | Email Address                         |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.